

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586734

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4		/				
5	/		/			
6		/	/			
7	/		/			
8	/		/			
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39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	1					
TOTAL DEP.	57	←	←	←		
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		8			1	
52		8			1	
53		1			1	
54		1			1	
55		1			1	
56		1			1	
57		1			1	
58		1			1	
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97						
98						
99						
100						
TOTAL IND.					2	
TOTAL DEP.					18	
TOTAL CLAIMS					20	